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Original Communications.

A CASE OF OVARIOTOMY.

By GEORGE HOLMES BIXBY, M.D., of Boston,
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Mrs. T., a resident of Boston, consulted me November 3, 1873, for an enlargement of the abdomen. She was forty-five years of age, of healthy parentage, a native of Massachusetts. Two sisters died of phthisis. Menstruation first took place in the twelfth year; at the very first appearance, was suppressed by bathing the feet in cold water; reappeared six months after, and continued regularly, as to time, quantity and quality, but was painful. She married at twenty, gave birth and miscarried as follows: the first birth, eighteen months after marriage; the second, a year and a half later. Several miscarriages subsequently occurred. She was then confined to her bed five years; two years of this time in a dark room. A living child was born twelve years ago, and she has miscarried twice since, making in all seven miscarriages.

Notwithstanding her condition, she was actively engaged in the duties of superintendent of a large dress-making establishment, which required much standing, and the frequent use of the sewing machine. In order to sustain her failing strength, she indulged in strong coffee several times a day. The patient first became conscious of her disease two years ago. The menses had been scanty the past year, and last appeared two months previous. She had suffered many years from incontinence of urine, but nothing abnormal was found in the quality of the secretion. The patient is of medium height, dark complexion, and of an excessively nervous temperament. The enlarged abdomen was apparent through the clothing. On removal of the latter, I found emaciation of the neck and shoulders; mammæ and external genitals normal; the abdomen, at umbilicus, thirty-six inches in circumference; heart and lungs healthy. On percussion, dulness was elicited in all parts of the abdomen, with the exception of the left flank; also evidences of fluctuation, of which the wave was unbroken. Vaginal exploration revealed an enlarged and anteverted uterus, its cavity measuring three inches. By bi-manual palpation, evidences of fluctuation were detected in Douglas's fossa to the right. Diagnosis—Cystic disease of the right ovary. This opinion was confirmed by the aspirator; the fluid drawn resembled syrup in color and consistence, and was found, on analysis, to contain albumen, and crystals of collesterine. I proposed to operate six days after the cessation of the next menstrual turn. The catamenia did not return at the expected time, therefore the date of the operation was indefinitely postponed.

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On the 17th of November, I was called in great haste to see the patient. I found her suffering from pain and dyspnoea, on account of the enormously distended abdomen. I reluctantly tapped her, and allowed only fluid enough to escape to afford relief. The paracentesis was followed by severe reaction, and, notwithstanding the most nourishing diet, she did not regain her former strength; in fact, was confined to her bed. At the end of three weeks, the cyst had attained two-thirds its original size.

These urgent symptoms necessitating prompt action, on the 8th of December, in the presence of Drs. Wheeler, of Chelsea, Pinkham, Lovejoy and Webster, of Lynn, Lyman, Warner, Cheever, Homans and Chadwick, of Boston, the operation was undertaken. Ether having been administered by Dr. Wheeler, the patient was brought into the operating room and placed upon a Crosby bed. The right ovary being affected, the incision was made to the right of the linea alba, and as near as it was possible to estimate it over the pedicle. On reaching the cyst, it was found to be adherent anteriorly on either side of the median line, but was confined to the parts above the umbilicus. The adhesions were comparatively recent, and yielded readily to a slight effort with the uterine sound. The cyst was multilocular. The main sac, which lay in front, contained a thin, purulent fluid. The pedicle, three inches long, one inch and a half broad, was secured by a clamp, severed from the mass, and replaced in the lower angle of the wound. The abdominal cavity was carefully sponged, and, later, washed out with carbolized boiled water, by means of a fountain syringe, and the incision brought together with three silver sutures that included the peritoneum. A small opening was left at the lower angle of the wound. A sheet of wool wadding was applied over the abdomen, and covered with the interlacing straps of adhesive plaster, after Prof. White, of Buffalo. Notwithstanding her feeble condition, she bore the operation remarkably well, and without the slightest nausea.

4.30, P.M., two hours after the operation. Pulse, 120; temperature, 98°. Patient is free from pain; her extremities warm.

2½, A.M., twelve hours after the operation. Pulse, 110; temperature, 94°; no pain; extremities warm.

Dec. 9th, twenty-four hours after the operation. Pulse 110; temperature, 94; urine free. Slept soundly, fifteen minutes at a time, all night. During the night, complained of pain in her bladder, which was probably from the pedicle. Ordered an opiate suppository, repeated in four hours; pain controlled.

Dec. 10th. The patient passed an excellent night, having slept quietly under the effects of the opiate. Urine has passed freely, without catheter. Skin moist; pulse, 100; temperature, 90°.

Contrary to strict orders, during the day, the bed had been let down, and some changes made in the clothing. A decided change was apparent at first sight; pulse 120, and small; temperature, 98°. Fearing septic poisoning, I removed the clamp, in order to facilitate drainage in that direction; there was, however, no escape of fluid. The pedicle was mummified, and its removal occasioned neither pain nor undue excitement.

2, P.M.—Dr. Wheeler saw the patient with me. On removing the dressing, we were astonished to find decided tympany at the seat of the adhesions. The lower part of the abdomen, near the clamp, was quite

flat. Poultices were applied to the abdomen, heat to the extremities, stimulants administered by the mouth, beef tea and quinine by the rectum. The location of the gas being so well defined, I desired to remove it with an aspirator needle, but the patient would not consent. All our efforts were fruitless. At 2, A.M., the pulse were no longer perceptible at the wrists. 3, A.M., the patient expired.

The exciting cause of death was peritonitis; the predisposing cause, anæmia, and great physical exhaustion. The golden moment was two weeks before the tapping, the refilling of the cyst having exhausted her beyond recuperation. Her previous history was, certainly, not without its influence upon the result.

Post-mortem appearances. Body extremely emaciated; abdomen tympanitic above umbilicus, flat below near the clamp; peritoneal surface ecchymosed, and exhibited other evidences of inflammation. Little or no fluid in the pelvic cavity.

NEARSIGHTEDNESS AND SCHOOLHOUSES.

By B. JOY JEFFRIES, M.D., of Boston.

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SOME six years ago, both in this JOURNAL and in the *Massachusetts Teacher*, I called the attention of physicians and educators to some unnecessary causes of impaired vision. I gave a *résumé* of the results of Dr. Cohn, of Breslau, who, desirous of finding whether the refractive and other troubles of the eye were not induced by inadequate and improper light, badly arranged and badly planned school-desks, &c., first examined the schools in Breslau, and, to avoid errors, afterwards, those in other places in Silesia, not content till his lists contained over ten thousand records.

Amongst other important facts, he ascertained that nearsightedness increased regularly from childhood upwards with the increasing demands upon the eye, and this led him to ascertain what there was in the schools which originated or increased myopia. He had taken the bodily measurement of these ten thousand children, and measured in comparison the school-desks and seats, from which he found that all school furniture was badly constructed, so as to readily induce or increase nearsightedness. From the furniture not being adapted to the body of the children, they are obliged to bend the head over forward, thereby hindering the return of the blood from the eye, and keep the print so near as to too greatly task the power of accommodation. Both of these, as we know, induce nearsightedness. Inadequate light and misplaced windows greatly affected the amount of myopia among the pupils of the school, as also inadequate and badly managed artificial light where used.

Now, then, comes the question, whether any of these causes of nearsightedness can be prevented or removed. If so, it certainly is a duty to teach the community what they ought to do, and how. Prof. Donders well said, "the cure of nearsightedness belongs to the *pils desideris*." The too long axis of the eye cannot be shortened, or the bulging of the posterior pole of the globe reduced. But we can do a great deal to prevent nearsightedness developing in those prone to it, and check it where progressive, by adequate illumination, natural

and artificial, not forcing the scholars, proper type and impression, and, most of all, by seats and desks appropriately constructed.

Many will remember the pride with which we sent samples of our school furniture and appurtenances to the Paris World's Fair. These, like all the others there exhibited, were measured by Dr. Cohn, and found so arranged as to produce the very trouble under discussion, namely, a tendency to, or increase of, nearsightedness. I would refer to his article on the "Schoolhouses at the Paris Exposition from a hygienic point of view," published in No. 41, 1867, of the *Berliner Klinische Wochenschrift*.

In October, 1873, Dr. Cohn visited the Vienna Exposition and carefully examined the schoolhouses and furniture there exhibited. He reports his results in a pamphlet of some sixty pages, and concludes that on the whole there has been very great advance since the Paris Exposition in the construction of school-desks and seats, and the arrangement of schoolrooms. For instance, whilst the Paris Fair contained schoolrooms with windows *behind*, to one side, and in *front* of the children, no one has dared to exhibit any room in the Vienna Fair with windows, at least, in *front* of the children. The proper plan of having windows only on the children's left hand is gradually becoming recognized, even in the United States, by construction committees. Dr. Cohn carefully compares some fifty different systems of school-desks and seats, and the United States specimens come in for a good share of praise, if, also, for some blame. As to the *schoolhouses*, our friend Mr. Philbrick, here in Boston, has told us enough to make one's ears tingle with shame.

Dr. Cohn concludes his pamphlet with the following: "Quite lately, further very careful examination of the eyes of school children have been made, with the same gloomy result which I found eight years ago in Breslau. Dr. Erismann,* in Petersburg, Dr. Kruger,† in Frankfort am Main, and Dr. Hugo von Hoffmann,‡ in Wiesbaden, have found a similar constant and enormous increase of the number of nearsighted scholars, and the same increasing degree of myopia from class to class upwards. Further investigations of my own carried on here for some years in our Friederich's Gymnasium§ have only confirmed the views I expressed in my book published in 1867."

"No one now doubts but that faulty illumination and bad desks and seats contribute to the origin and increase of nearsightedness. The comparisons made at the Vienna Exhibition have shown how the light should *not* be arranged and the furniture *not* constructed. They have, however, also shown that the question of proper light and good desks, by no means decided by the Paris exposition, has been solved by the Kunze model."

Now six years ago, I remarked, and later observation has confirmed me in this, does all said about nearsightedness in school children and students apply to our American communities? I believe, from personal experience, that it does, and that such extended researches as Cohn has made, if here undertaken, would prove it beyond doubt. A higher standard of education is being steadily demanded and striven

* Graefe's Archiv für Ophthalmologie, vol. 17, 1871, 1st part.

† Frankfurter Jahresbericht über die Verwalt. des Medicinaler, xv., 1872, p. 84.

‡ Zehender's Klinische Monatsblätter für Augenheilkunde, 1873, Oct., p. 269.

§ Program des Königliche Friedrich's Gymnasium, zu Breslau, 1872, Oestern.

for, and can be gained only by taxing the eyes more severely. It would certainly seem, therefore, the duty of parents, as well as of all interested and occupied with the education of youth, our Boards of Education and School Committees, to assure themselves that they are doing all in their power to avert what even the community generally recognizes as a growing evil, namely, the graduation of a large number of highly educated young men and young women with permanently impaired vision from unnecessary causes.

I certainly shall watch with some interest the construction of the imposing building soon to be erected for the accommodation of the Latin and High Schools in this city, and express a hope that the very valuable experience gained by our Superintendent of Schools at Vienna may not be disregarded by construction committees.

Progress in Medicine.

REPORT ON OPHTHAMOLOGY.

By O. F. WADSWORTH, M.D.

[Concluded from p. 457.]

STRYCHNIA IN AFFECTIONS OF VISION.

So much has been written in the last three or four years on the treatment of defects of vision by strychnia, so many and so various have been the published cases in which it has appeared to be of benefit, and so different the indications and counter-indications for its use given by different writers (while some have not been able to convince themselves of its efficacy at all), that it is interesting to compare the conclusions reached by two independent observers as to its action on the eye, both in health and disease. (v. Hippel. *Wirkung des Strychnins auf d. normale u. Kranke Auge*, Berlin, 1873. Cohn. *Wirkung des Strychnin auf amblyopische u. gesunde Augen*, Wiener Medizinische Wochenschrift, No. 42-47, 1873.) It was, perhaps, to be expected that their views would vary somewhat as to its value in pathological conditions (they appear to be almost diametrically opposed), but hardly that they should differ so much as they do regarding its effects on the normal eye.

Von Hippel's experiments on the normal eye were made on himself, Cohn's on one of his pupils; the observations of both seem to have been made with care. Both injected the strychnia subcutaneously on the temple. Cohn in the dose of two milligrammes; v. Hippel, generally, three milligrammes. Both found that the sharpness of vision for Snellen's types was somewhat increased by the drug, but only in the eye on the side the injection was made; Cohn states that the increase of vision lasted during fourteen days; v. Hippel that it always returned to the normal state in twenty-four hours. V. Hippel, alone, tested also the indirect vision, and found the size of the field over which two black dots on a white ground could be distinguished as separate was very much increased by strychnia. The field in which white could be distinguished, in v. Hippel's case, was decidedly enlarged, and, after three injections on each side, remained somewhat larger than before the injection, for at least four weeks, he says, "permanently."

Cohn, after nine injections, found the alteration in the field for white so slight that it might well have been due to error of observation. The field in which different colors could be distinguished, v. Hippel found increased under the influence of strychnia only for blue on a black ground, for this it was much larger in all directions; Cohn found the field larger both for blue and red, but only in certain directions, and to a less degree. Both observers made their measurements of the field with Förster's perimeter, and with test objects of the same size. Both, using somewhat different methods, found the least amount of light necessary for accurate perception of objects uninfluenced by strychnia; v. Hippel also found no change in the amount, or power of maintaining accommodation, or in the size of the pupil, and after injecting three milligrammes of strychnia into the arm could detect no variation in acuteness or size of the field of vision.

As regards the use of strychnia in disease, they differ, as stated above, widely. Both use the same dose, i. e. two milligrammes. Cohn agrees with Woinow, that if no improvement be obtained after two injections, none can be expected, and apparently endorses the latter's statement that no benefit occurs when, besides diminution of vision, inability to distinguish colors is present. Von Hippel has seen improvement commence in some cases only after six or eight injections, and states that, although ability to distinguish colors is not restored, yet its absence does not require an unfavorable prognosis. Cohn, in this, as in a former paper (Report Nov. 14, 1872), finds the chief benefit of strychnia in cases of hypermetropia or emmetropia with amblyopia, without ophthalmoscopic change; v. Hippel in cases with signs of atrophy of the optic nerve. They sum up as follows: Cohn:—In all cases where the ophthalmoscope does not explain the amblyopia, the trial of strychnia is indicated. Very doubtful is the result if there is any trace of beginning degeneration of the opticus; absolutely useless are the injections when evident atrophy of the nerve is present. Von Hippel:—Strychnia is well suited to take that position in regard to the opticus which we give to the constant current in regard to other nerves. Its most brilliant effect appears in conditions which without it are absolutely unreachd by our therapeutics; in atrophy of the opticus from the most various causes.

Taylor (*Lancet*, Dec. 13, 1873) reports very briefly three cases of atrophy of the optic disc, in which great and rapid improvement in vision followed the subcutaneous injection of strychnia. In a fourth case, there was, also, considerable improvement. Taylor used one-twelfth of a grain twice daily, a much larger dose than Cohn and v. Hippel employed. He states that he has used strychnia in many other cases, apparently similar, without result, and that it is impossible to say, beforehand, which cases will be benefitted and which not.

SARCOMA OF THE IRIS.

Robertson and Knapp report (*Archives of Ophthalmology and Otolaryngology*, III. 2) a case of melanotic sarcoma of the iris for which the eye was removed. The tumor, when first observed, was single near the upper and ciliary margin of the iris. Vision had been noticed to be quite dim six months before. There was increased tension, and glaucomatous cupping of the disc. Two months later the original tumor had more than doubled in size, and three other smaller tumors were seen.

Subsequent examination showed, beside the tumors previously seen, numerous minute rounded elevations. Sections of the iris showed its anterior layer thickened and studded with small tumors; where the larger tumors were, the middle layer had disappeared. The tumors were made up chiefly of spindle and round cells with pigment, and contained numerous large vessels. The patient was well two years after removal of the eye.

Carter (*Lancet*, Dec. 20, 1873) exhibited a patient of 15 years to the Clinical Society of London with tumors of the iris in both eyes, which were steadily increasing. Six weeks before, a similar tumor, the size of a split pea, the first which had been noticed, and the only one at that time in the left eye, had been removed, with a portion of the iris. A fresh tumor had appeared in the eye since the operation. The tumor removed proved to be a round cell sarcoma.

AMYLOID DEGENERATION OF THE CHOROIDAL ARTERIES.

Knapp (*Archives of Ophthalmology and Otolaryngology*, III. 2) reports a case of this hitherto undescribed affection. A gentleman, aged 42, after a night spent in dancing, drinking and smoking, noticed nearly total loss of sight in the left eye. The other eye was quite normal. There was evident hæmorrhage into the vitreous, and as this did not clear up as signs of irritation passed off, but became darker, it was supposed that a tumor of the choroid might have given rise to the hæmorrhage, and five weeks later the eye was enucleated. No tumor was found, but in the blood in the vitreous chamber, and also in blood effused between retina and choroid and choroid and sclera, numerous round, hyaline bodies, from the size of a white blood corpuscle to two or three times as large, were present, in some places in greater number than the blood corpuscles. These offered the reactions of amyloid bodies. The calibre of the arteries of the choroid was much reduced, and the addition of iodine gave the characteristic brown-red color of amyloid degeneration in their inner and middle coats. As amyloid degeneration is considered not a local but general disease, the patient was carefully and repeatedly examined, but without detection of any deviation from health, nor was there a history of any of the affections usually supposed to lead to amyloid disease.

STRICTURE OF NASAL CANAL WITHOUT DILATATION OF THE LACHRYMAL SAC.

Becker (*Graefe's Archiv*, XIX. 3) points out the importance of careful examination by means of the probe, as to the existence of stricture of the nasal canal in cases of chronic catarrhal affections of the conjunctiva, especially when only one eye is affected. It is well recognized that such affections are often caused and maintained by stricture of the nasal canal; but it is also generally assumed that if stricture exist for a long time dilatation of the lachrymal sac must also be present, which, if not evident to the eye, may yet be recognized by the touch, gentle pressure causing the fluid in the sac to pass down into the nose or up into the conjunctival sac. He shows by the report of two cases that the latter assumption is not always correct. Stricture of the canal may exist without dilatation of the sac. In both his cases, there was decided papillary hypertrophy of the conjunctiva, dating from, respectively, 18 and 30 years; in one the right eye only, in the other both eyes, were diseased; both had been treated without

result by well known oculists; in neither did pressure reveal any affection of the lachrymal sac. The probe, however, showed stricture at the entrance of the nasal canal, and, so soon as this was overcome, the conjunctival trouble, without other treatment, disappeared.

GALVANO-CAUTERY IN OPHTHALMIC SURGERY.

Samelsohn (*Archives of Ophthalmology and Otolaryngology*, III. 2) recommends galvano-cautery for certain diseases of the conjunctiva and adnexa of the eye. Latterly, he has employed two Genet-Stöhrer elements filled with bichromate of potash and dilute sulphuric acid. The method may be used for the closure of old lachrymal fistula, or obliteration of the lachrymal sac. Fortunately, the latter operation is seldom, if ever, necessary. In partial trichiasis, Samelsohn states that the galvano-cautery has always given him satisfactory results. Streetfeild's or Snellen's operation (excision of a wedge-shaped piece of the tarsus) may often be of advantage when the upper lid is affected, but is scarcely applicable to the lower lid. The idea governing the application of the cautery is to exercise by contraction of a cicatrix in the cartilage a traction upon the tissue covering it. The eye is protected by a spatula under the lid, and a hole is burned into the tarsus below the roots of the inverted lashes with a fine galvano-cautery. The result, as stated, is excellent. Other cautery than galvano-cautery will hardly answer the purpose, since it cannot be made to penetrate deep enough, at least without too much injury of the skin.

In chronic gelatinous granulations of the conjunctiva, Samelsohn recognizes the general harmfulness of caustics, but, in view of the generally admitted fact that cicatricial contraction always occurs under any treatment, was led to the idea that, if the cautery were limited to the isolated granulations, their pressure on the neighboring tissues might be removed and too great contraction prevented. To this end, he applied the cautery lightly to the centre of each granulation with a fine platinum wire, cauterizing only a few at each sitting, at intervals of a week. The operation was painless, the reaction slight. In the five cases so treated the result is described as very favorable; very slight linear scars were left, and there was no deformity of the cartilage.

RAPID CHANGES OF REFRACTION IN THE EYE.

At the last meeting of the Heidelberg Ophthalmological Society, Horner (*Monatsblätter für Augenheilkunde*, 1873) related two interesting cases of rapid change in the refraction of the eye. A man of 61 years, myopic from childhood, wearing $-4\frac{1}{2}$ glasses, in the middle of May, 1871, remarked a sudden change in the left eye. A small separation of the retina was found; myopia $\frac{1}{2}$, V = $\frac{1}{2}$. The separation increased and the myopia correspondingly diminished to $\frac{1}{4}$, $\frac{1}{2}$, $\frac{1}{8}$. In the middle of June, there was even hypermetropia $\frac{1}{8}$, and V had risen to $\frac{1}{2}$. The patient was now in better condition without a glass than formerly with one, but toward the end of the year another change took place, and again concave glasses were of benefit. On Feb. 4, 1872, in the same left eye, the retina had returned to its proper position; myopia was $\frac{1}{2}$, V still $\frac{1}{2}$. The right eye, which had always been the weaker, remained throughout myopic $\frac{1}{2}$, its V between $\frac{1}{2}$ and $\frac{1}{4}$. Isolated instances of reposition of the retina after separation, with restoration of function, are not unknown; but, so far as the reporter is aware,

no case in which so perfect function has been maintained during the separation has been before observed.

The second case was that of a lady of 55 years, who, in September, 1870, still read, during the day, print and music without a glass, and only by artificial light or on dark days used convex $\frac{1}{8}$ L. and $\frac{1}{4}$ R. Since August, she had suffered from diabetes mellitus, passing a very large amount of urine containing much sugar. Toward the end of October, vision became rapidly worse, and her glasses no longer served. Horner saw her on Nov. 19th, and found hypermetropia $\frac{1}{4}$ L, V. R. = 1, L. = $\frac{3}{8}$; normal fundus, and no sign of opacity of the lens. She was already under treatment for the diabetes, and had begun to improve. The quantity of urine and sugar continually diminished, and the glasses ordered in November became useless. On Jan. 13, 1871, the hypermetropia was reduced to $\frac{1}{8}$.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL OBSERVATION. W. L. RICHARDSON, M.D.,
SECRETARY.

Case of Lithotrity.—Dr. C. B. PORTER reported the case.

Mr. —, a middle-aged, strong, healthy man, except for his bladder symptoms, which have existed, to a more or less extent, for twenty years. First attack of "stoppage of water" in June, 1854. Complete retention for thirty-six hours. "Urine started suddenly, and with a gush." In 1855, an attack of renal colic. No special symptoms from 1855 to 1863, and during another respite from 1863 to 1871. In February, May, June and August of 1871, had successive attacks of renal colic, and, from latter date, symptoms of stone in bladder became prominent. Excessive pain in the end of the penis, darting pains through the rectum, aggravated by sudden motion or jolting; the urine filled with mucus, pus and clots of blood. In the summer of 1873, he became so bad as to be unable "to retain his water at all." He was sounded a number of times by different physicians, but no calculus was detected. Each examination was followed by an aggravation of the symptoms, attended by rigors. There was no especial change in the symptoms up to the time I first saw him, Feb. 9, 1874, except a gradual failing in health from extreme suffering. I felt convinced, from symptoms, of the presence of calculus in the bladder, and, upon sounding him, found it immediately as the instrument entered the bladder. On Feb. 10th, I crushed; 11th, symptoms of vesical irritation were less, and a large number of fragments passed with urine. On the 12th, he was very comfortable. The 13th, I crushed again. The 14th, he was so comfortable that the lithotrite was again introduced, but no fragments were found. From this date, the urine commenced to clear up very rapidly. On the 21st, he could hold his water from three to four hours, and, on passing it, it was quite clear. From this time, his recovery was rapid and complete.

Duration of Pregnancy.—Dr. DRAPER reported two cases in which he had been able to determine the exact duration of pregnancy. The patients were married women, who were enabled to accurately state the date of conception, the enforced continence of their husbands, be-

fore and subsequently, leaving no doubt in the matter. In one case, that of a primipara, labor came on after 278 days; in the other, a woman who had previously borne five children, the duration of pregnancy was 277 days.

Case of Unilateral Atrophy.—Dr. WEBBER reported the case.

A little girl, while cutting upper incisors, had convulsions, and with each of the other teeth had spasms. These continued, with less severity, till she was 7 or 8 years old, and gradually ceased. The right side had, from the time she began to walk, been noticed to be less useful than the left; also, the letters r, m and n were difficult to speak. During convulsions, no strabismus, but twitching of the eyes. Catamenia appeared at 11½ years. Regular since, except at 13, during convulsions. At about 13 years of age, had one single convulsion, and perhaps another slight one, though possibly others may have occurred at night. Intelligence probably about equal to the average of girls of her age.

The right hand and arm are now most affected in regard to motion. The right arm and leg were less developed than the left, being less in circumference and shorter. Right side of body less in circumference. Measures of face and head equal on two sides, except from ear over vertex, a difference of half an inch (on which side was not mentioned).

Right pupil dilates more when exposed to light. Both eyes move well. Both eyes have loss of vision on the right. This was not known by the patient before examination, and was tested several times. Both papillæ were seen to be oval in shape and unusually white.

An unusual Source of Otorrhœa.—Dr. GREEN spoke of the importance of recognizing the exact source of an otorrhœa, in order to treat it successfully. It might, he said, arise from a simple (uncomplicated) purulent inflammation of the mucous membrane of the tympanum, the discharge being evacuated through a perforation of the membrana tympani; or from a simple inflammation of the lining of the meatus, especially in very young children; or from either of these sources, complicated by granulations, which keep up the inflammation. In the tympanic disease, we may have such granulations growing from any part of that cavity, from the edges of the perforation in the membrana tympani or from the outer surface of that membrane; in the inflammation of the meatus, we may likewise have granulations from any part of the passage.

In addition to well-marked otorrhœa from any of the causes above enumerated, we may also have cases where the discharge is so slight that it dries in the meatus and wholly escapes notice, and where a most thorough examination of every portion of the passage is necessary to discover the source of the discharge. The presence of pus implies inflammation, and examination should show where it is.

Dr. Green said that he had reported, last year (*Transactions of the American Otological Society*, 1873), two cases in which a slight otorrhœa arose from very superficial ulcerations of the dermoid layer of the membrana tympani, and recently he had seen a case in which the source of the discharge was found with such difficulty that he thought it worth reporting. A boy, aged four years, in whose family there was a decided predisposition to ear-disease, was brought to him with the history that, for two years, his mother had noticed occasionally a slight offensive odor in one ear; there had never been ear-ache, deaf-

ness or any complaint of the ears, and no discharge had ever been noticed. Examination showed a mass of dried pus in the meatus, which was removed with the syringe; the membrana tympani was free from congestion and swelling, and the meatus appeared perfectly normal. The dried pus was thought to have been the cause of the odor, and the result of some previous inflammation of the meatus which had escaped notice, but, on examining the ear a week after, a small quantity of pus was again found on the upper wall of the meatus; no inflammation, however, could be discovered till, on bending the head to one side at a right angle and wiping away all moisture, a small spot of inflammation was seen on the upper wall, a short distance from the orifice of the meatus. On this spot were two or three granulations, and a bent probe could be passed into a sinus one eighth of an inch deep, running into the subcutaneous cellular tissue. From these granulations and this sinus, the pus was secreted. Cauterization with solid nitrate of silver fused on a bent probe destroyed the granulations in a few applications, and healed the sinus. When last seen, there was only a slight congestion at the seat of inflammation; the discharge had entirely ceased.

PHOSPHORIC ACID IN THE URINE IN CASES OF DISEASE OF THE BRAIN.—With the view of determining whether the excretion of phosphoric acid by the kidneys is in any way influenced by diseases of the brain, Dr. E. Mendel has carried out a series of experiments, the results of which are as follows:—

The relation between the phosphoric acid excreted and the remaining solid constituents of the urine varies considerably, ranging from 2.49 to 3.93 per cent., averaging, therefore, 3.233 per cent. A greater quantity of this substance is excreted by night than by day. In chronic diseases of the brain, the daily excretion of phosphoric acid is diminished, both absolutely and relatively, as compared with the other solid constituents. In cases of maniacal excitement, there is an increase (absolute and relative) of the phosphoric acid; an increase is likewise noticed during apoplectic and epileptic attacks, and also after the administration of chloral and bromide of potash.

If a diminution of the amount of this acid is observed in cases of chronic disease of the brain, this diminution will generally be found to be dependent upon the decreased muscular activity, consequent upon prolonged illness. In other cases, it is to be attributed to the general deterioration and wasting of the system, the result of imperfect assimilation.—*Archiv für Psychiatrie*.

EXPLOSIVE MEDICINES.—Young medical men are warned (*Revue de Therapie*, 1873) against combining in their prescriptions certain agents, which, in case of the development of any acid, or even if exposed to a moderately high temperature, are liable to go off. Among these dangerous formulae may be cited a prescription for pills not unfrequently employed in England, composed of nitrate of silver, extract of nux vomica, muriate of morphia, conserve of roses and extract of gentian, which, when affected by the development of heat, will speedily explode. In like manner, pills made of nitrate of silver and creasote, or carbolic acid, will very soon generate heat sufficient to induce spontaneous combustion. Still more surprising to the occupants of the sick chamber, is the energetic explosion (suggestive of nitro-glycerine) arising from the pills or mixtures of which oxymuriate of potash forms an ingredient.

Bibliographical Notices.

Animal Locomotion. By J. BELL PETTIGREW, M.D., F.R.S., &c. (International Scientific Series.) New York: D. Appleton & Co. 1874, Pp. 260.

DR. PETTIGREW's friends cannot but be greatly annoyed that he has written this book. He enjoyed the reputation of an original and painstaking investigator, who had done much to advance science. Though his studies on the arrangement of the fibres of the heart and of other hollow muscular organs are not absolutely conclusive, they have always been highly esteemed. How much, then, is the appearance of the present book to be regretted! Though claiming to be popular, scientific and instructive, it is obscure, illogical and full of errors. It is no reflection on the author's acquirements to say that he is out of his depth, for it is no reproach to an anatomist that he is unable to grapple with the most difficult physical problems, but it is a serious reproach that he should either have very greatly overestimated his powers, or else, as we suspect is the case, have thought that his treatment of the subject was good enough for his readers. As a specimen of logic, take the following passage:—"That artificial flight is a possible thing is proved beyond a doubt, 1st, by the fact that flight is a natural movement; and, 2d, because the natural movements of walking and swimming have been successfully imitated." We have no time to see how many fallacies we could extract from these two propositions; as an argument it is precisely on a par with that of the Yankee schoolboy in the poem of the "flying machine":—

"The birds can fly
And why can't I?"

As an example of style, take the following sentence:—"In the giraffe, the legs of opposite sides move together and alternate, whereas in most quadrupeds the extremities move diagonally." Now, who that did not know that in the giraffe the legs of each side move together and alternately with those of the other side, could learn it from the above quotation?

Besides an introduction and an appendix, the book consists of three parts, which treat respectively of locomotion on land, in the water and in the air. Though there is much to criticize, there is also a good deal to praise, and no one can read the book without profit. The figure-of-eight movement, which is becoming an "*idée fixe*" with the author, is shown to have a very general application, though it is sometimes introduced in a purely fantastic manner, as when it is drawn through the footprints of a quadruped. Dr. Pettigrew speaks as follows of the relative importance of the osseous and muscular systems:—"The bony skeleton is a miracle of design, very wonderful and very beautiful in its way. But when all has been said, the fact remains that the skeleton, when it exists, forms only an adjunct of locomotion and motion generally. All the really essential movements of an animal occur in its soft parts. The osseous system is, therefore, to be regarded as secondary in importance to the muscular, of which it may be considered a differentiation. Instead of regarding the muscles as adapted to the bones, the bones ought to be regarded as adapted to the muscles." This is well expressed, and true as far as it applies to those bones which are organs of locomotion, but an exception should be made for such parts of the skeleton as are solely for the protection of enclosed organs. The account of the mechanism of the human walk is sketchy and inaccurate. The swinging leg can be compared to a pendulum only with great restrictions. Meyer* has shown that the great mass of muscles going from the pelvis to the thigh must interfere very seriously with a passive swing. Though Pettigrew refers very frequently to the experiments of the Webers, he does allude to their discovery that to make the

* Statik und Mechanik des Menschlichen Knöchelgelenkes.

leg swing properly a certain impulse is necessary; now this is precisely what the foot, just as it leaves the ground, imparts to the leg, so that the motion does not begin like that of a pendulum. Neither is it finished like one, for there is no doubt that in a step of ordinary length the muscles of the front of the thigh and leg come into play. But little weight is attached to the horizontal rotation of the pelvis on the supporting femur, though this is a far more essential part of the step than the rotation of the leg and foot. We cannot understand how, "in walking, a spiral wave of motion, most marked in the antero-posterior direction (although also appearing laterally), runs through the spine."

The chapter on progression on and in the water is very interesting, and, to our mind, the best in the book, though flying is more elaborately discussed. Dr. Pettigrew does not admit that the air-sacks of birds are for the purpose of assisting flight by reducing the weight, which he thinks is no part of the theory of flight, but a grave error, which has retarded our progress in aeronautics. We shall not attempt to review this part of the book, which we may as well own we do not understand, though there is much in it of interest. To sum up as favorably as possible, if any one will wade through much that is obscure, fill out much that is crude, and overlook certain statements and reasoning which are evidently wrong, he cannot but gain in learning by the perusal, and were there a less distinguished name on the title-page he might not be very much disappointed.

T. D. JR.

Dictionary of Elevations and Climatic Register of the United States; Containing, in addition to Elevations, the Latitude, mean Annual Temperature, and the total Annual Rain Fall of many Localities; with a brief Introduction on the Orographic and other Physical Peculiarities of North America. By J. M. TONER, M.D., New York: D. Van Nostrand. 1874.

THERE are thirty-one pages entitled "Introduction," and ninety-three of the "Dictionary" form, in this pamphlet, and the author has inscribed his work with a well merited and neatly worded compliment to Prof. Joseph Henry, LL.D., Secretary of the Smithsonian Institution.

Dr. Toner is already favorably known by his published writings, and the following paragraph, taken from a somewhat extended notice in the *Washington Star*, seems to be well deserved testimony to his services:—

"The various treatises by Dr. J. M. Toner, of this city, upon matters of Social Science, have attracted attention, and have resulted in several instances in setting on foot very valuable reforms. One of the plans of an important sanitary and humanitarian nature broached by him has been that of establishing sanitariums on elevated grounds for the use of sick children in the hot season, a time of the year when the little ones are swept off by thousands by cholera infantum and like diseases in our crowded cities. He urges with force that our entire thought should not be expended upon the mere wrecks of humanity cared for in our hospitals, but should be directed also to the myriads of young lives now sacrificed annually to disease, but who [which?] might be saved to fill careers of usefulness in the world."

The author has derived the materials for his work from the best sources—amongst others, from "the Smithsonian records and contributions; from Chas. A. Schott's tables and results of precipitations; from Blodgett's Climatology; Gen. A. A. Humphrey's Physics and Hydraulics of the Mississippi Valley; Forry's work on the Climate of the United States, the Army Meteorological Registers, the Geological Reports of Prof. Hayden and others, various railroad surveys, United States Surveys and Expeditions, and from unpublished material in the possession of the departments of the Interior and Agriculture, the United States Signal Office," &c. &c.

In the "Dictionary of Elevations," the "height in feet above the sea level is given, of all the cities, towns and localities in the United States that the compiler has been able to find a measurement of." Wherever the data could be obtained, the latitude and longitude, and also the mean annual tempera-

ture, and total annual rain fall of each locality has been given. It will be evident that this must have been no slight task for the "compiler," as Dr. Toner modestly styles himself; and, so far as we can see, the work has been faithfully done, and will prove of great service.

Reference is made to the well-known marked influence of high and dry localities upon human health; a fact so prominently brought forward, of late years, by the highest authorities in hygienic matters, that we need not enlarge upon it here. Its importance cannot be over-estimated.

The *Introduction*—as Dr. Toner terms it—is very interesting, full of information, and written in a spirited manner, with a *con amore* flavor about it which pleases us. The truth that low-lying localities are, and must necessarily be, less healthy than "the high places of the earth," is well set forth by the author; and the reason why the former have been often the seat of populous cities, to the vast harm of those founding them, is clearly set forth—viz., the *greed of gain*. "It would seem that the preservation of health and the culture of physical energy had ever been a secondary and subordinate consideration to man, and that he rarely selects his home, in the first instance, with any special reference to salubrity and climatic influence. Cupidity and pleasure, in their various ramifications, are potent to induce him to encounter danger and immediate physical discomfort, and are more powerful than the apprehension of death or the considerations conducive to the preservation of health. Hence, in the pursuit of wealth, he will brave the pestilential swamps of Java, the malarial exhalations of the Gold Coast and the Spanish Main, the impure atmosphere of the mine, and the poisonous air of the overcrowded workshops and centres of great cities." (*Loc. cit.*, p. vi.) There is a great deal more, quite as true and as opportunely said, which we heartily commend to the attention of medical and of general readers; and we would that the sound sense and timely warnings of the author might have a wide and lasting influence. We would gladly quote more from these truly valuable pages; but, not unduly to lengthen this article, will be contented with again confidently recommending them to all who can appreciate such labor and research.

There is some careless writing, and some misprints appear, and one of these latter—as we take it to be—on the second page of the *Preface*, makes Dr. Toner say "effect" instead of affect, which, of course, he would not voluntarily do, although the blunder has met our eyes before now in the productions of those who thought they knew how to write and speak the English language. On the third page of the *Preface*, the following sentence seems to be somewhat jumbled, although its meaning, on careful scrutiny, is sufficiently evident. "These conditions or laws of the ocean of atmosphere in which we live has a depth estimated at 45 miles, and weight of 15 pounds to the square inch, are nearly constant," &c. &c. We suppose the words *and which has*, after "live," have been omitted. In the last line of the same *Preface*, we conclude that the proof-reader is again responsible for making the author speak of a "future addition" instead of edition. These are but trifling blemishes, but they *are* blemishes, and show carelessness and indefensible haste. In the third line only of this same *Preface*, we have "complier," instead of compiler. We wish we could oftener see *begin* instead of *commence*, and *situated* instead of *located*—not only in Dr. Toner's pamphlet, but in the compositions of most writers of our day. Fussy, perhaps—but they look and read better, and more truly belong to the language. One more snarl, and we have done: On page ix. of the *Introduction*, fourth line from the bottom, "this intermediate strata"—stratum—or these, for "this"—which will you have it? Supplementary snarls: "Santa Fee" looks queer, and so does "Allegheny," persistently—except in the *Dictionary*—for Alleghany. The expression (*Introduction*, p. xvii.) "the rhododendra grows," is, likewise, in familiar phrase, somewhat mixed. Also (*Loc. cit.*, p. viii.): "These early epidemics were destructive of human life to a degree that amazes the reader, numbering its victims," &c. &c.—*their* victims, we suppose. And here we abandon our fault-finding, and fall back on our reserves of praise.

W. W. M.

The Treatment of Syphilitic Diseases by the Mercurial Vapor Bath. By LANGSTON PARKER, F.R.C.S.L. Compiled from the fifth London Edition by JOHN W. FOYE, M.D. Boston: A. Williams & Co. 1874.

THAT the nature of this work may be understood, we begin by quoting the following note:—"The compiler, in calling the attention of the profession to this work, does not pretend to place before them an original production; but to give a *résumé* of his own experience in the treatment of specific disease by the method revived by the late Mr. Langston Parker, and so ably advocated by Mr. Henry Lee and others, and which, in his own practice, has been attended with the most gratifying results. It consists of a condensed review of the opinions of Drs. Parker and Lee, with observations upon cases which came under their special treatment. So unerring is its success, that I claim it to be the most perfect system for the cure of syphilitic disease known to medicine.—J. W. F."

The first chapter is devoted to a description of the apparatus for fumigation, consisting of a cabinet large enough for the patient to stand or sit, and of the apparatus for generating the vapor. The remaining chapters are from the writings of Mr. Langston Parker and Mr. Henry Lee; they constitute, we presume, the promised *résumé* of Dr. Foye's practice, and go to show the advantages of this form of treatment, which is not new enough to demand an extended discussion.

Conjugal Sins. By A. K. GARDNER, A.M., M.D. Twentieth thousand. New York: G. J. Moulton. 1874. Pp. 240.

WE are willing to give the author credit for the best intentions, but we think he had better have left the subject alone. However decently expressed and however salutary much of the advice may be, we do not think it a proper book to send out broadcast through the country.

BOOKS AND PAMPHLETS RECEIVED.

Treatment of Nervous and Rheumatic Affections by Static Electricity. By Dr. A. Arthesis. Translated from the French by J. H. Etheridge, M.D. Chicago. 1874. Pp. 144.

Relations of Insects to Man. By A. S. Packard, Jr. (Half-Hour Recreations in Natural History.) Boston: Estes & Lauriat. 1874. Pp. 96.

DIGITAL EXPLORATION OF THE FEMALE BLADDER.—In a clinical lecture on Calculus in the Female, Mr. Christopher Heath states (*Medical Times and Gazette*, April 11, 1874) that a method of exploring the female bladder which he has found most useful, in all forms of vesical disorder, is, to pass the finger through the urethra. It is possible, he has found from experience, to pass the forefinger into the urethra and bladder of a woman, with very slight and unimportant laceration of the mucous membrane, and with no permanent incontinence. The patient being put under the influence of an anæsthetic and placed in the lithotomy position, pass a director into the urethra, and drawing this downward with one hand, slip the oiled finger above it, and with a little rotary movement the bladder can be entered without any great difficulty. Sometimes it is better to begin with the little finger, as being smaller, and in one or two cases of contracted urethra, Mr. Heath has been obliged to begin the dilatation with a pair of dressing forceps run along the grooved director. In these latter cases, the dilatation was undertaken as a means of treatment, and with good success. In all cases, the mucous membrane is split beneath the pubes, and there is usually some degree of incontinence for twenty-four hours, but the patient then ordinarily recovers complete control over the bladder.

Boston Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 14, 1874.

WE have waited long and patiently, following the course of the hearing of the committee of the legislature on the liquor question, and have watched the spread of the present excitement throughout the country, before expressing an opinion. We have been careful in this respect, because, as our opinion differs from the views of many in this community, we were anxious to see if anything would be advanced to shake it, but our increased experience makes us cling to it only the more strongly. The question cannot be discussed solely from a medical standpoint; its moral aspects are even more important than its purely physical ones, but it comes none the less within the province of the physician, who often has much influence in the formation of public opinion.

There is no doubt that as a nation we are, and always have been, hard drinkers, and what makes it worse, spirit drinkers. Various efforts at reform had for a long time been made with little success, till at last a party in the north called upon the law for assistance, and the Maine Liquor Law was passed. This movement was, no doubt, originally honest, but it has degenerated into a mere pretence for obtaining political power, and has become the cloak for worse vices than even intemperance ever begot. That in the cities the movement has been a failure is too evident for any discussion, but it is claimed that it is otherwise in the smaller towns. To a certain extent, this is true; the traveller may have great difficulty in obtaining a glass of beer, for neither the landlord nor the apothecary will readily disclose his bar-room to a stranger, who may be an informer, or, if in Massachusetts, a State constable, come to seize a few gallons for public appearances, or a few dollars for private profit. With the inhabitant, however, the case is different; we doubt if there be any settlement in New England where he cannot get whatever drink he prefers. Prohibition, always a failure, has become a fraud. Such a state of affairs is monstrously wrong, and our first step must be to inquire how such sorry fruit can have come from a well meant effort at reform. We think it occurred as follows: intemperance had become so great an evil that many who felt called upon by their zeal for humanity to throw all their influence with the new movement voted for prohibition, and took the pledge, though perfectly temperate themselves. Partly from a cooling of their ardor, partly from the cold climate, the hard life and the desire for stimulation, which, as we believe, is natural to man, many of these did

not live up to their obligations, but were too deeply committed to make any open change in their lives. To these are added drunkards, who, overestimating their strength, have taken and then violated the pledge, and have but enough shame left to desire to keep their weakness secret. Public opinion, once formed, is, in small towns, very tyrannical, and none the less so that each man, knowing his own shortcomings, feels called upon to be severe on those of others, lest he be thought indifferent to the cause; just as in the Reign of Terror many who called the loudest for more heads for the guillotine secretly trembled for their own. Though the male inhabitants may almost to a man partake of alcohol more or less frequently, and are well aware of the rottenness of the prohibitory system, the vote in such a town will be strongly in its favor, for few will care to incur the public opprobrium by voting for "free rum," or to run the risk of being denounced from the pulpit of the church as well as from the platform of the lecture room, when they well know that their individual wants will be easily supplied. We need not dwell in detail on the effects of this system, on the loss of self respect and consequent universal suspicion which it entails. We differ entirely from those who allege as a good effect of the law that, if it has not abolished drinking, it has, at least, made it secret, for, to our mind, no spectacle can be so ominous to the future of the race as that presented by States in which there is an overwhelming majority for prohibition, and an equally large one of drinkers.

The error which slipped into the originally good work, and increased till it made it all bad, is that the use of the juice of the grape is in itself a sin, or even a weakness. Our feelings of reverence do not permit us to enter into a discussion with those who tell us that its use is contrary to Scripture as well as to morality; they may believe it if they can. We believe that the vine grows for man's benefit and enjoyment, but that its fruit, like other blessings, may, by abuse, become a curse. We believe that virtue consists in moderation, not in abstinence. It is but too true that many victims of over indulgence cannot trust themselves to observe moderation. To such, total abstinence is the only safety, and we would be among the first to praise their resolution in taking and in keeping the pledge, but we would have them remember that, meritorious as is their course, it is an admission of weakness, not a profession of virtue; that they are the inferiors, not the betters, of those who can enjoy the blessings of Providence without falling into excess. While human nature is what it is, there must be a certain amount of intemperance; the problem before us is to make it as little as possible. This we would do by making spirits very expensive, and the drinks, like beer and light wine, that cheer, but do not madden, very cheap. Above all, and till this is accomplished we have little

hope of reform, we would have moderate drinking recognized as legitimate, and indulgence in it made as public as possible, for we are convinced that a man, with the eyes of his friends and family upon him, will be far more likely to observe moderation than when partaking in secret of what is considered forbidden fruit.

EVER since the last report of the decease of Dr. Livingstone and the rumor that his body was on the way from the unknown regions of Africa to his native land, there have been many who have had doubts as to the demise of the renowned explorer, or, if this event had taken place, as to the identity of the remains with his. The examination of the body made by Sir Wm. Fergusson has resulted in the complete identification of the remains. In 1843, Livingstone had an encounter with a lion, by which his left humerus was severely injured, and there resulted an ununited fracture of this bone. The last time he was in London, he consulted Sir Wm. Fergusson regarding the condition of the limb. Hence it was evident that if there should be found on *post-mortem* examination the remains of an old ununited fracture of the left humerus the verification of the body would be complete.

In his letter to the *Lancet* of April 18, 1873, Sir Wm. Fergusson writes regarding the examination:—

“In particular, the arms attracted attention. They lay as if placed in ordinary fashion, each down by the side. The skin and tissues under were, on each side, shrunk almost to skeleton bulk, and at a glance, to practised eyes, the state of the left arm was such as to convince every one present who had examined it during life, that the limb was Livingstone's. Exactly in the region of the attachment of the deltoid to the humerus, there were the indications of an oblique fracture. On moving the arm, there were the indications of an ununited fracture. A closer investigation and dissection displayed the false joint which had long ago been so well recognized by those who had examined the arm in former days. I was convinced that the remains of the great traveller lay before us. Thousands of heads with a like large circumference might have been under similar scrutiny; the skeletons of hundreds of thousands might have been so; the humerus in each might have been perfect; if one or both had been broken during life it would have united again in such a manner that a tyro could easily have detected the peculiarity. The condition of ununited fractures in this locality is exceedingly rare. I say this from my personal professional experience, and that such a specimen should have turned up in London from the centre of Africa, excepting in the body of Dr. Livingstone, where it was known by competent authorities to have existed, is beyond human credulity. It must not be supposed that a fracture and new joint of this kind now referred to could have been of recent date or made for a purpose. There were in reality all the indications which the experienced pathologist recognizes as infallible; such as the attenuated condition of

the two great fragments (common under such circumstances), and the semblance of a new joint, but actually there was a small fragment detached from the others which bore out Livingstone's own view that the bones had been 'crunched into splinters.'

THE annual meeting of the Boston Medical Association was held at the rooms of the Massachusetts Medical Society, on Monday, May 4th. The only business transacted was the election of officers for the ensuing year. Dr. C. P. Putnam, was elected Secretary, and Drs. George Hayward, Francis Minot, C. D. Homans, Buckminster Brown and J. Collins Warren were elected members of the Standing Committee. Although we have heard but little during the last few years of the doings of this Association, it is important that its advantages should not be overlooked. The little pamphlet published by the Association contains the code of medical police and the rules and regulations, including a fee-table. The former, though adopted as long ago as 1807, is applicable to the present day, and contains rules for guidance in matters of professional etiquette, which are invaluable as a standard to be adhered to in all doubtful points. The fee-table adopted in 1863 is the one at present in use, and is equally valuable to the members of the Association, both as a guide and as testimony to the fairness of their charges, should any question arise on this point between physician and patient. We need hardly say that it is highly desirable that every member of the Massachusetts Medical Society, residing in Boston, who has not yet joined the Association should not fail to do so. In order to accomplish this, it is necessary to agree to abide by the rules of the Association, and to pay the sum of one dollar to the Secretary, in return for which the new member receives a copy of the rules and regulations.

The Hospitals.

MASSACHUSETTS GENERAL HOSPITAL.

(Wednesday and Saturday, April 29 and May 2, 1874.)

OPERATIONS were performed in the following cases:—Painful Stump, Sub-lingual Tumor, Nævus, Cyst, Frost-bitten Feet, Fissure of the Lobule of the Ear, Nævus. During the week, Abscess, Double Talipes Equinovarus, Abscess of Thigh, Abscess of Tibia.

Painful Stump—following a railroad injury of the foot two years since, in a man twenty years old. No operation was performed at that time, but the remaining stump resembled that left after a Chopart amputation, and had become ulcerated, preventing him from walking. Dr. Clark amputated at the middle of the leg by the double flap method.

Sub-lingual Tumor—alleged to be of ten years' growth, in a woman twenty-five years old. It increased gradually until six months ago; since then, it had progressed rapidly, and interfered seriously with eating and speaking. It was elastic, fluctuating, and presented a uniformly smooth sur-

face, except where it was deeply adherent; the tongue was pushed up to the palate, and could not be seen when the mouth was opened at its widest. An incision was made through the mucous membrane and fascia covering the growth, which was then enucleated as far as possible by breaking down the lateral adhesions with a director; it was then dragged forwards and dissected from its deepest attachments, which extended nearly to the hyoid bone. The genio-hyo-glossus muscle of the left side laid over the tumor, and required partial division before its removal was effected. The tumor was an encysted one, as large as a duck's egg, evidently congenital, and contained the ordinary sebaceous material, rolled into small balls, found in similar tumors, which not infrequently occur in this locality.

Nævus—in a child three months old. It had an irregular outline, and occupied an area of three by four inches; extending from the pectoral region, upward over the clavicle on to the lower part of the neck. Its central portion projected one third of an inch from the surface, and there were two ulcerated surfaces the size of a cent on the most prominent part, from which there had recently been considerable hemorrhage. Dr. Gay encircled the growth with an incision, and dissected up the skin involved by the disease for an inch from the circumference toward the centre. He then passed a stout curved needle, threaded with a double ligature, across and beneath the thickest part of the tumor, and strangulated it in two sections.

Cyst—congenital, containing hair and sebaceous matter, situated on the bridge of a boy's nose; large as a grape.

Frost-bitten Feet—in a middle-aged man. He had lost all the toes and a portion of each foot by the sloughing which followed. The stumps were granulating, but the metatarsal bones were necrosed and partially exposed. Dr. Clark performed Hey's operation on the left foot and Chopart's on the right.

Fissure—of the lobule of a woman's ear, from the tearing out of an earring. The fissure was included in a V-shaped incision, and the raw surfaces united by fine sutures.

Nævus—congenital on the forehead of a baby ten months old. It was surrounded by an incision through the skin, from which four other incisions were made to radiate; the skin between the latter was dissected up in flaps to expose the underlying disease. The nævus was then strangulated in four sections by passing two double ligatures in opposite directions.

Abscess—in the cavity of the tunica vaginalis, with some sloughing of the latter, in an adult, following a puncture for hydrocele, ten days before he entered the hospital. The scrotum was distended to the size of a child's head. Free incisions into the tunica vaginalis evacuated a large quantity of foul-smelling pus and disclosed considerable slough.

Talipes Equino-varus—double, in a child six months old. Tenotomy of the tendo-Achillis in both feet.

Abscess—external to the capsular ligament, situated over the external condyle of the femur, in a young man, following a blow received during a fall one week since. Opened.

Abscess—of the tibia, in a boy sixteen years old. He had suffered more or less for the past eight years from pain in the upper and anterior part of the leg. During that time, the tibia had enlarged from the malleoli to the tuberosities. Dr. Clark made an incision down to the bone, and perforated its anterior surface with a trephine; on reaching the medullary cavity, about a drachm and a half of pus was found, but no loose bone.

H. H. A. BEACH.

BOSTON CITY HOSPITAL.

THE following surgical operations were performed last Friday, May 8th:—

1. *Talipes Varus*.—Dr. Ingalls.
2. *Enucleation of Eye*.—A woman, aged thirty-two, was struck, fourteen

years ago, by a fist, in the eye; opacity and disorganization of the lens followed, with a moderate anterior staphyloma. This latter she wished removed, in order to have an artificial eye fitted. In making the incision for removing the anterior portion, a bony mass, reaching forward from the posterior chamber, was struck, and the operation was then changed to that for enucleation, which was done, "leaving as much of the conjunctiva as possible." A calcareous formation was found in the posterior chamber, of an irregular octohedral shape, one half, five eighths, and three fourths of an inch in diameter in different directions, and nearly filling it. There was a cavity, smaller than a pea, in its anterior part behind the lens, and it was pierced from behind forwards by a small canal; otherwise it was solid. It was easily turned out from the sclerotic, the choroid adhering to its surface. Dr. Williams remarked that concretions of the lens were common enough, as well as thin shells of bone in the choroid, but he did not recollect having seen before a solid growth of bone in the eye as large and thick as this. He had hoped at first to remove only the anterior part of the eye, as that would have given a better and more movable stump for the artificial one, but he did not think it safe to stitch in such a growth as this, since it would probably have suppurated and endangered the other eye.

3. *Convergent Strabismus*—in a young woman. Both eyes operated upon. Dr. Williams said that when there was more than three lines of inward deviation, it was best to cut both eyes, as it would have to be done sooner or later.

4. *Convergent Strabismus*—child, both eyes. Dr. Williams.

5. During the week, *Talipes Equinus*—child, both feet. Dr. Homans.

W. P. BOLLES.

Correspondence.

LETTER FROM RUSTICUS.

DOWN EAST, May 7, 1874.

MESSRS. EDITORS,—This is so bad a season that I have not had time before now to say a word in reply to Dr. Non Omnes Omnia. I am very sorry to have in any way disturbed him; for, from the tone of his letter, I think that he is either quite young in practice or that he belongs to the second class of which I intend to speak. If he is one of the latter, and is also very young, let me advise him not to neglect general medicine and diagnosis, until he has become fairly established. The general practice and the specialty can well go hand in hand, and will help each other over a good many of the rough spots. Very many of the specialists, so called, from the time of beginning schoolwork, never paid attention to anything aside from their particular goal, except in so far as they were compelled to by fear that examination might cause them to slip up.

Please, Dr. Omnia, look over that list of which you wrote, on the last page of the JOURNAL, and see what course the older ones took. All general practitioners from Jackson down. Speaking of him, those of us who remember him, and who thank Heaven that he escaped a watery grave, remember him as a general practitioner and a hospital physician. And so with the others. As for the younger ones, I cannot say much about them; they were long after my day.

This much I know very well; that general practitioners, who become specialists from being forced by circumstances to become such, are the best specialists. Some of the others may get to be their equals, but they are not very likely to. Take the *typical*, of whom I wrote. Dr. Speculum stands very high in the estimation of the public, and many members of the profession look on him as a great man. As Doctor Omnia says, he is a "dishonest man." Dr. Cutis is a "dishonest man." Dr. Rectum is a "dishonest man." But they are not only specialists and dishonest men, but they are facts.

I could point out numerous cases of injury to patients by special practitioners. For every case of injury done by one who began as a general practitioner, I could point out ten by those who were always specialists.

There are three sets of specialty practitioners whom I know of. The first and best of these are the men who began life as general practitioners, and who found their business gradually, almost imperceptibly, becoming special. The next best on the list are a set of industrious students; gentlemen, who, during their course of preparatory study, worked up every branch, as far as was in their power, but, after graduation, perhaps as a matter of taste, took up a single branch, and avoided others. These men, in my opinion, made a mistake, and their errors in practice are more numerous than those of the former. The third class is a mixed up set. It is composed of two varieties. A part of them intended to practise as specialists from the beginning, and to charge large fees. They ram in the speculum, whenever consulted. They poke up the caustic, wherever the speculum goes. They either look mysteriously at the patient, and say but very few words, or they talk wisely, and tell of their numerous cures where others have failed.

The other variety of this class is made up of men who have been disappointed in their general practice; men who were never fit for physicians, and who don't understand as well as others do why they haven't got business. They are very apt to have faith in their own immense powers, but somehow they don't succeed. They are very apt to become sour; very apt to talk a little unkindly; if not with sneers, about men of their own age, or younger, who have happened to succeed better than they. Admiring the success of the other variety of their class, they make up their minds to be specialists, and, as a rule, care nothing for professional etiquette or professional honor, but go for money.

Now, Doctor Omnia, we country fellows don't know always how to manage about these specialists. This we do know, that many of class number three, both varieties, exist in Boston and New York. We know that they attend your Society meetings; that they do a great deal of talking; that they report numerous cases and cures; and that you don't dispute, and don't snub them, but let them talk and let them report. "I think you're rather running this specialty business into the ground. You're overdoing it, I think."

Yours truly,

RUSTICUS.

SEQUELÆ OF CEREBRO-SPINAL MENINGITIS.

OTTAWA, KANSAS, April 27, 1874.

MESSRS. EDITORS,—Though I have taken your JOURNAL for a quarter of a century, I have not heretofore bothered you with any communications, but I wish now to present to you the case of my son, and obtain from you or your correspondents, through your pages, some suggestions as to treatment. He is six feet, fairly proportioned, and, until 1865, in his nineteenth year, was very robust and of great physical power. In that year, a scourge of cerebro-spinal meningitis visited our county. He was among the few who survived. The attack was slight, and he did not take his bed, but spent most of two or three months in a reclining position or lying down at full length. Pain very severe in the entire head. Compared it to sawing the cranium all around above the ears, and then trying to lift it off by the hair. Pain in the small of the back and in calves of legs. Could not lie on his face to rest himself. Said it seemed, when he did so, as if the spine would be broken by some great weight. Could scarcely stoop over and raise himself. Gradually grew better. Since that, he taught at intervals two or three years. Studied, and is now practising law. Present condition.—Thin; weight, 160; has lost, last year, more than half the hair on the crown of his head; weakness of the eyes; spots floating before his vision; eye clear. These symptoms, apparently, only due to weakness of the optic nerve. Extremely nervous, so much so that he cannot use coffee at all. Feet cold, except in warm weather. Occasionally, a momentary loss of mental power. Brief seasons, once in two months per-

haps, when the whole physical system seems to give way; prostration so great as to make lifting the hand labor. This lasts but a few minutes, comes and goes without warning. In the summer of 1867, took strychnine with marked good, but subsequent sedentary habits and mental effort seemed to dissipate it. More or less pain in the head and back every day. What would be the propriety of sun baths? How taken? Should the head be exposed? How get best effects of strychnia? Combined or alone? With some form of phosphorus? Any other treatment? What probability that he will recover? Any information or suggestion will confer very great favor.

Yours fraternally, J. E. MECHEM.

It is entirely contrary to rule for us to prescribe or to express any opinion on cases submitted to us in this manner; but we shall be happy to publish any remarks or suggestions that our readers may make concerning this case.—EDITORS.

Medical Miscellany.

CREMATION.—In Zurich, the number of subscribers to the society for cremation exceeds already 400 individuals, and preparations are making to establish without delay a furnace.

FORMULA FOR SYRUP OF PEPSIN.—R. Powdered pepsin, 256 grains; muriatic acid, 1 drachm; syrup of orange flower water, 16 ounces. Mix.—*Druggists' Circular*.

NEW JERSEY MEDICAL SOCIETY.—This Society will hold its one hundred and eighth annual meeting in the Mansion House, at Long Branch, on Tuesday, May 26th, at 7½ o'clock, P.M.

TASTE and appetite are sent before, and committed to the tongue and stomach, for the dignation of food, by which both the quality and quantity is judged.—*Culpeper*, 1656.

TREATMENT OF BURNS.—White-lead paint has proved, at the Roosevelt Hospital, a satisfactory material for the dressing of burns, and is recommended as much more cleanly than carron oil. It is mixed as for painting, only somewhat thicker, and is applied with a brush.

MEDICAL LEGISLATION.—A law has recently been passed by the Kentucky legislature, requiring all who undertake to prescribe for the sick to have graduated at a duly chartered medical college, or else to obtain proper credentials from one of the State Boards of Medical Examiners.

TRICHINOSIS.—In Lissa, five members of a single family were recently attacked with trichinosis after partaking of a ham, which, it was said, had been pickled, smoked, and boiled for two hours. Further examination revealed the fact that the remainder of the carcass of the animal, from which the ham had been taken, was filled with trichinæ.

IMPRISONMENT FOR ALLEGED MALPRACTICE.—In Insterburg (Prussia), a regular physician was recently condemned to imprisonment for one year on the charge of malpractice in a case of childbirth, where, it is alleged, the death of the child was occasioned by the negligence of the *accoucheur*. The details of the trial have not yet appeared in our Prussian exchanges.

J. B. BRADBURY, M.D. (*British Medical Journal*), states that the most efficacious remedy in hay fever, as far as his experience goes, is the application, by means of a camel's-hair brush, of tincture of opium to the interior of the nose. He can also recommend the internal administration of arsenic.

He also suggests that a strong solution of camphor, frequently and for some time snuffed up the nose in the early stage of coryza, may be of some value, depending on the power of the camphor to destroy the low organisms which are said to produce hay fever.

INDIGESTION EXTRAORDINARY.—At a late meeting of the Richmond Academy of Medicine, Dr. W. W. Parker mentioned the case of a woman who applied to him on account of a difficulty in swallowing, especially fluids. He prescribed for her relief an emetic, the action of which brought up about a pint of mucus, and a piece of chicken skin several inches long, which must have been in the stomach for two weeks, inasmuch as she had eaten no chicken for that length of time.

HYDROPHOBIA FROM THE BITE OF A CAT.—The *Lancet* reports two fatal cases of hydrophobia. One case was that of a servant, aged thirty-two years; the cat attacked her, fastening upon the hand, and was dislodged with difficulty. The animal attacked a man on the day following, wounding him. The woman was seized with hydrophobia after three months, and died after two days of illness; the man fell sick soon after the injury, and also died.

BONE SCRAPING IN THE SOUTH SEA ISLANDS.—A correspondent of the *Medical Times* writes that a notion prevails there that headache, neuralgia, vertigo and other cerebral affections proceed from a crack in the head, or pressure of the skull on the brain. The remedy is to lay open the scalp, and then scrape the cranium carefully and gently, until a hole is made in the skull, about the size of a crown-piece, extending to the dura mater. Sometimes this scraping process involves an injury of the pia mater, and death is the consequence. In the best of hands, about half of those who undergo the operation die from it; yet this barbarous custom, from superstition and fashion, has been so prevalent that very few of the male adults are without this hole in the cranium, or "have a shingle loose," to use an Australian phrase.—*London Medical Record*.

ESSEX NORTH DISTRICT MEDICAL SOCIETY.—The following officers were elected at the annual meeting, of which we shall shortly publish a more extended report:—

President.—Dr. William Cogswell, of Bradford.

Vice President.—Dr. F. A. Howe, of Newburyport.

Secretary and Treasurer.—Dr. Geo. W. Snow, of Newburyport.

Corresponding Secretary.—Dr. John Crowell, of Haverhill.

Librarian.—Dr. M. C. Towle, of Haverhill.

Commissioner on Trials.—Dr. W. H. Kimball, of Andover.

Councillors.—Drs. J. E. Howe, Haverhill; C. W. Chamberlain, Lawrence; D. Dana, Lawrence; W. H. Kimball, Andover; J. Crowell, Haverhill; E. P. Hurd, Newburyport; J. A. Douglass, Amesbury.

Censors.—C. G. Carleton, Lawrence; L. C. Howe, Haverhill; O. Warren, West Newbury; O. H. Johnson, Haverhill; E. S. Yates, Lawrence.

MORTALITY IN MASSACHUSETTS.—Deaths in seventeen Cities and Towns for the week ending May 2, 1874.

Boston, 156; Worcester, 20; Lowell, 19; Milford, 5; Chelsea, 3; Cambridge, 17; Salem, 6; Lawrence, 8; Springfield, 14; Lynn, 6; Fitchburg, 3; Newburyport, 6; Somerville, 12; Fall River, 11; Haverhill, 5; Holyoke, 5; Pittsfield, 8. Total, 304.

Prevalent Diseases.—Consumption, 50; pneumonia, 40; scarlet fever, 18.

GEORGE DERBY, M.D.,

Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 9th, 143. Males, 71; females, 72. Accident, 3; apoplexy, 2; aneurism, 1; anemia, 2; inflammation of the bowels, 3; disease of the bladder, 1; bronchitis, 6; disease of the brain, 5; cancer, 2; cholera infantum, 1; cyanosis, 1; consumption, 25; convulsions, 3; croup, 1; debility, 2; dropsy of the brain, 5; dysentery, 1; dyspepsia, 1; erysipelas, 2; scarlet fever, 10; typhoid fever, 4; disease of the heart, 7; insanity, 1; intemperance, 1; disease of the kidneys, 1; disease of the liver, 1; congestion of the lungs, 2; inflammation of the lungs, 16; malformation, 1; marasmus, 5; old age, 7; paralysis, 2; pleurisy, 1; premature birth, 3; puerperal disease, 1; pyæmia, 1; suicide, 1; disease of the spine, 1; teething, 1; tumor, 2; whooping cough, 6; unknown, 1.

Under 5 years of age, 57; between 5 and 20 years, 10; between 20 and 40 years, 23; between 40 and 60 years, 27; over 60 years, 26. Born in the United States, 100; Ireland, 30; other places, 13.